

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

OCONNOR 4209-19

DEPUTY CLERK SK

Plaintiff's Name and ID Number

Ellis County Jail

Place of Confinement

3 - 19 CV - 3029 M

CASE NO.

(Clerk will assign the number)

v.

Sheriff Charles Edge

Defendant's Name and Address

300 S. Jackson

Defendant's Name and Address

Waxahachie, TX 75165

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:
Plaintiff(s) _____
Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Wayne McCallum Detention Center

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Sheriff Charles Edge
300 S. Jackson
Waxahachie, TX 75165

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Charles E. Edge, Sheriff, Ellis County
Sheriff's Office, 300 S. Jackson, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Violation of Right to Due Process of Law

Defendant #2: Correct Care Solutions, Medical Staff of the
Ellis County Jail, 300 S. Jackson, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Denial of Medical Care

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

The available grievance system can not be exhausted in this case. It is a violation of due process of law. The grievance procedure of the Ellis County Inmate Rules and Regulations is a violation first and fifth amendments rights to petition and of due process of law because Nos. C; i, ii, iii, and iv state that a grievance about denial of medical care does not meet the criteria to be valid. Therefore, the Ellis County Sheriff's Office, under the administration of Sheriff Charles Edge is in violation of the civil rights in cooperation with the medical staff, Correct Care Solution for denial of medical care (bottom bunk restriction) and denial of the right to Due process of law because a grievance for the denial of medical care does not meet the criteria to be valid. See Attached Exhibit.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. *I want the court to contact the F.B.I. for an interview and I want the court or magistrate to order the Sheriff of Ellis county to change the grievance system and medical policy, and to re-write the inmate rules and regulations.*

VII. GENERAL BACKGROUND INFORMATION:

- A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Too many to state. Please contact the F.B.I. on III B, below.

- B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you. *Too many to list. Please*

Contact Thomas O'Connor, President or Christopher Wray, Director of the Federal Bureau of Investigation, please.

VIII. SANCTIONS:

- A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

- B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? YES NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: 12 DEC 2019
DATE

OCONNOR 4209-19
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 12TH day of DECEMBER, 20 19.
(Day) (month) (year)

OCONNOR 4209-19
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

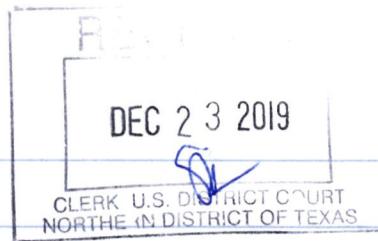
**ELLIS COUNTY
INMATE RULES AND REGULATIONS**

- e. 3 sheets of notebook paper
- f. 3 plain envelopes
- g. 1 razor
- E. Commissary privileges will be made available two times a week.
 - a. If an inmate is caught buying commissary for an inmate who is on commissary restriction, both inmates will be given a disciplinary case.
 - b. Drug counseling is available through the chaplain.

Grievance Procedure

- A. Inmates may ask for a grievance form from the officer working the area.
- B. Inmates have 3 days from the date of the incident to file the grievance.
- C. Grievances must meet one of the following criteria to be valid:
 - i. Violation of Civil Rights
 - ii. Criminal Act
 - iii. Unjust Denial or Restriction of Inmate Privileges
 - iv. Prohibited Act by Facility Staff
- D. Each inmate must write their own grievance. If the inmate cannot read or write the then assistance may be provided.
- E. Only one inmate may be named on the grievance form unless they are listed as witnesses. If they are not listed as witnesses the form will be returned with no action taken.
- F. You must only grieve one item per grievance form. If you grieve more than one item on the form it will be returned to you with no action taken.
- G. Abuse of the grievance procedures and policy may result in disciplinary action.
- H. The Grievance Officer will respond to you in writing within 15 days. In no case will the grievance be held longer than 60 days.
- I. If you do not agree with the Grievance Officer's decision, you may appeal to the Jail Administrator in writing, and within 3 days; the Jail Administrator's decision shall be final.

Charles Edge/Sheriff



16 DEC 2019

Dear Clerk,

The staff of this facility have denied
two requests for copies to be made.

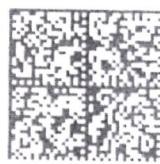
Therefore, I have sent the original.

Thank you.

OCONNOR 4209-19

James Connor 4209-19
300 S. Jackson
Waxahachie, TX 75165

RECORDED
IN MURKIN
REC'D
FBI 3
12/23/19



U.S. POSTAGE » PITNEY BOWES
ZIP 75165 \$ 000.65⁰
02 4W 0000358990 DEC 18 2019

United States District Court

Office of the Clerk
Northern District of Texas

11CC Commerce Room 1452

Dallas TX 75242-1495
75242-131052